BLUESQUARE group

ACCOUNT APPLICATON

Account Information

Please complete and sign. If you have any questions, please call : +91 11 3019 4163

☐ Individual ☐ Joint ☐ Estate ☐ Corporate ☐ Other (please specify)

☐ Custodian ☐ Partnership* ☐ Trust*

*Additional documents required – Please call if you have any questions or need additional forms.

If Other (please specify)

Account Holder

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Last name | First | Middle

Email address (es) | Date of birth (mm/dd/yyyy)

Home address

City | State, Province | Country | Postal, Zip Code

Postal address (if different than above)

Home phone (if applicable) (Country code-Area code-Number) | Mobile phone (Country code- Area code-Number)

Other phone (if applicable) (Country code-Area code-Number) | Fax (optional) (Country code-Area code-Number)

Country of citizenship

Country of residence (if other than above)

Additional Account Holder (if applicable)

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Last name | First | Middle

Email address (es) | Date of birth (mm/dd/yyyy)

Home address

City | State, Province | Country | Postal, Zip Code

Postal address (if different than above)

Home phone (if applicable) (Country code-Area code-Number) | Mobile phone (Country code- Area code-Number)

Other phone (if applicable) (Country code-Area code-Number) | Fax (optional) (Country code-Area code-Number)

Country of citizenship

Country of residence (if other than above)

Employment status

☐ Employed ☐ Self –Employed ☐ Retired ☐ Unemployed

Employer/Business name

Nature of business

Business address

City | State, Province | Country | Postal, Zip Code

Business phone (Country code) (City/Area code) (Number)

Occupation/Position | Years with employer

Marital Status ☐ Single ☐ Married ☐ Divorced | Number of dependents

Optional

Employment status

☐ Employed ☐ Self –Employed ☐ Retired ☐ Unemployed

Employer/Business name

Nature of business

Business address

City | State, Province | Country | Postal, Zip Code

Business phone (Country code) (City/Area code) (Number)

Occupation/Position | Years with employer

Marital Status ☐ Single ☐ Married ☐ Divorced | Number of dependents

ADDITIONAL SERVICES:

☐ Margin: Also sign Margin Agreement below.

☐ Option : Please send me an Option Agreement & Prospectus.

☐ Transfer my brokerage account to Blue Square Group. Please send me the forms.

PLEASE ANSWER THE FOLLOWING:

Investment Objective : ☐ Growth ☐ Income ☐ Trading

Is any applicant an officer, director, affiliate or 10% shareholder of a publicly-traded company?

☐ Yes ☐ No (If yes, please provide symbol and exchange of security)

I/We am/are of legal age to enter in this agreement. I hereby request that Blue Square Group Ltd., open an account in the name(s) listed as account holder(s) on this application. I/We the undersigned agree to provide instructions as an authorized signatory to Blue Square Group Ltd., via phone, fax, e-mail or any other method deemed appropriate by Blue Square Group Ltd., without instructions being duly confirmed in writing. Therefore, this signed document allows Blue Square Group to process transactions sent via any of the above mentioned mediums without liability in any form to Blue Square Group or its employees.

DATE | APPLICANT'S / AUTHORIZED PERSON'S SIGNATURE | CO-APPLICANT'S / AUTHORIZED PERSON'S SIGNATURE

MARGIN AGREEMENT – ALSO SIGN BELOW ONLY IF YOU DESIRE A MARGIN ACCOUNT

By signing this agreement I acknowledge that I have received and read the accompanying Margin Account Agreement Paragraphs 24 through 29 and agree to be bound by the terms and conditions described therein.

DATE | MARGIN CUSTOMER'S SIGNATURE | MARGIN JOINT PARTY'S SIGNATURE